

**UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF WISCONSIN**

In re: RUSSELL ALAN  
TORRISON

Case No.: 16-29350

Debtor

Chapter: 13

US BANKRUPTCY COURT  
EASTERN DISTRICT OF WI

2020 OCT 22 AM 11:38

FILED-MAIL

**AFFIDAVIT AND REQUEST FOR RELEASE OF UNCLAIMED FUNDS**

MARILYN A RADKE (HEIR TO RUSSELL TORRISON), a claimant in the captioned case, being duly sworn, respectfully states and requests the following:

1. Claimant was a creditor of the Debtor and was entitled to receive and the trustee did, in fact, make a distribution from the estate to the Claimant in the amount of \$3,040.00.
2. Ninety days after the final distribution of the assets of the estate, the distribution to this Claimant had not been negotiated and the unclaimed funds were paid into the court pursuant to 11 U.S.C. Section 347.
3. TRUSTEE'S LIST OF UNCLAIMED FUNDS is enclosed as proof of Claimants' right to the unclaimed funds.
4. The Claimant requests that the Court issue an order directing payment of the unclaimed funds in the amount of \$3,040.00 to the Claimant pursuant to 28 U.S.C. Section 2042.


*Continue to Page 2*

5. The Claimant requests the Court mail the payment of unclaimed funds to:

P.O. BOX 1708

SNOWFLAKE AZ 85937

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

  
Signature of: (please check)

- ☐ Owner of Record  
☒ Successor Claimant  
☐ Representative Claimant

**MARILYN A RADKE**

Printed Name of: (please check)

- ☐ Owner of Record  
☒ Successor Claimant  
☐ Representative Claimant

Prepared by

Address

P.O. BOX 1708

Address

City, State,

SNOWFLAKE AZ 85937

Zip

Phone No.

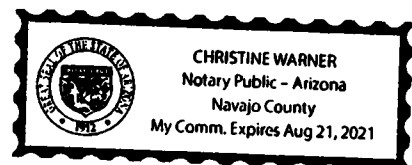
E-Mail Address

Sworn and subscribed to before me on:

10-13-2020 Affix  
Date Embossed  
Seal

  
Signature of Notary Public

PRINT



## GENERAL AFFIDAVIT

The within named person (Affiant), Marilyn A Radke, who is a resident of Navajo County, State of Arizona, personally came and appeared before me, the undersigned Notary Public, and makes this his/her statement, testimony and General Affidavit under oath or affirmation, in good faith, and under penalty of perjury, of sincere belief and personal knowledge that the following matters, facts, and things set forth are true and correct, to the best of his/her knowledge:

I am the Mother of Russell Torrison who passed away. Russell had no Will and there was no Personal Representative. He had no children and no Spouse at the time of his passing. The adoptive father passed away prior to Russell's death.

I would ask the Court to please pay Russell's unclaimed funds in my name since a check in the name of his estate could not be cashed since he died intestate.

Dated this 13 day of October, 2020.

Marilyn A Radke  
Signature of Affiant

=====  
State of ARIZONA

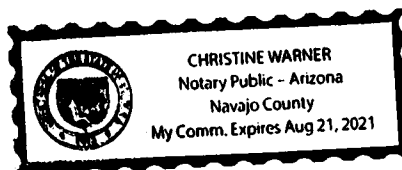
County of NAVAJO

Subscribed and sworn to, or affirmed, before me on this 13 day of October, 2020 by Affiant MARILYN A RADKE.

Christine Warner  
Signature of Notary Public

8-21-2021

My Commission Expires:



UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF WISCONSIN

In re: RUSSELL ALAN TORRISON

Case No.: 16-29350

Debtor

Chapter: 13

CERTIFICATE OF SERVICE

NOTICE IS HEREBY GIVEN that on October 19th 2020  
I deposited in the Post Office in the City of Phoenix, State of AZ  
Securely enclosed in a sealed envelope, a true and correct copy of:

Affidavit and Request for Release of Unclaimed Funds

To: United States Attorney  
Attention: Susan M. Knepel  
Eastern District of Wisconsin  
Room 530, Federal Courthouse  
517 East Wisconsin Avenue  
Milwaukee, WI 53202

United States Bankruptcy Court  
Eastern District of Wisconsin  
Room 126, Federal Courthouse  
517 East Wisconsin Avenue  
Milwaukee, WI 53202

Dated: October 19th 2020

  
Signature

Marilyn A Radke  
Printed Name

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES  
ORIGINAL CERTIFICATE OF DEATH

STATE FILE DATE: JULY 27, 2017

STATE FILE NUMBER: 2017029197

ITEM AMENDED  
Cause of Death-A  
Interval A  
Manner of Death

OLD INFORMATION

PENDING

AMENDMENT BY THE STATE REGISTRAR

DATE OF AMENDMENT  
SEPTEMBER 08, 2017  
SEPTEMBER 08, 2017  
SEPTEMBER 08, 2017

End of Amendments.

AMENDMENT AUTHORITY  
MEDICAL CERTIFIER  
MEDICAL CERTIFIER  
MEDICAL CERTIFIER

10082053

**Scott Lieske**  
Chapter 13 Trustee  
United States Bankruptcy Court  
Eastern District Of Wisconsin

Telephone: (414) 271-3943  
Fax: (414) 271-9344  
[www.chapter13milwaukee.com](http://www.chapter13milwaukee.com)

P. O. Box 510920  
Milwaukee, WI 53203  
[info@chapter13milwaukee.com](mailto:info@chapter13milwaukee.com)

June 06, 2018

Clerk of the US Bankruptcy Court  
126 U S Courthouse  
517 E. Wisconsin Avenue  
Milwaukee, WI 53202

RE: RUSSELL ALAN TORRISON  
Case No. 16-29350-SVK

Dear Clerk of the US Bankruptcy Court:

Enclosed please find check # 1534737 in the amount of \$3,040.00. This check replaces the following check, for the same dollar amount, in the above case:

Original Check No.: 1524220

Original Payee: Russell Alan Torrison  
S 81 W 18051 Reise Drive  
Apt# 18  
Muskego, WI 53150

Please deposit these funds as unclaimed funds, as they were returned by the United States Postal Service or were uncashed by the original payee.

Thank you,

Scott Lieske

Scott Lieske  
Chapter 13 Standing Trustee

SL

cc: file

FILED-MAIL  
2018 JUN -8 AM 11:16  
US BANKRUPTCY COURT  
EASTERN DISTRICT OF WI